



Health Insurance (Section 3C General Medical Services—Transcatheter Mitral Valve Repair) Determination 2021

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 3

Compilation date:	1 November 2023
Includes amendments up to:	F2023L01183
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Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Health Insurance (Section 3C General Medical Services—Transcatheter Mitral Valve Repair) Determination 2021* that shows the text of the law as amended and in force on 1 November 2023 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services—Transcatheter Mitral Valve Repair) Determination 2021*.

3 Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- (a) clinically relevant service;
- (b) general medical services table;
- (c) hospital;
- (d) item;
- (e) practitioner;
- (f) professional service.

In this instrument:

Act means the *Health Insurance Act 1973*.

TMVr is short for transcatheter mitral valve repair.

TMVr accreditation committee means the committee of that name administered by Cardiac Accredited Services Limited.

TMVr suitability case conference means a case conference that meets the requirements set out in section 6.

5 Treatment of transcatheter mitral valve services

- (1) A health service (the *service*) described in an item of the table in subsection (5) is to be treated, in the circumstances specified in subsection (2) and for the purposes of the provisions specified in subsection (3), as if:
 - (a) it were both a professional service and a medical service; and
 - (b) there were an item in the general medical services table in the location mentioned in subsection (4), corresponding to the item of the table in subsection (5) that describes the service, that:
 - (i) related to the service; and
 - (ii) specified a fee for the service, in relation to each State, that corresponds to the fee set out in the item of the table in subsection (5) that describes the service.
- (2) For the purposes of subsection (1), the circumstances are that the service is provided as a clinically relevant service.

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- (3) For the purposes of subsection (1), the provisions of the following that relate to professional services, medical services or items are specified:
- (a) the Act and regulations made under the Act;
 - (b) the *National Health Act 1953* and regulations made under that Act.
- (4) For the purposes of paragraph (1)(b), the location is:
- (a) for items 6082 and 6084—Part 2 of the general medical services table (which deals with attendances); and
 - (b) for items 38461 and 38463—Subgroup 6 of Group T8 of Part 5 of the general medical services table (which deals with cardio-thoracic surgical operations).
- (5) For the purposes of subsection (1), the health services are as follows.

Transcatheter mitral valve services		
Column 1	Column 2	Column 3
Item	Description	Fee (\$)
6082	Attendance at a TMVr suitability case conference, by a cardiothoracic surgeon or an interventional cardiologist, to coordinate the conference, if: (a) the attendance lasts at least 10 minutes; and (b) the surgeon or cardiologist is accredited by the TMVr accreditation committee to perform the service Applicable once each 5 years	52.95
6084	Attendance at a TMVr suitability case conference, by a specialist or consultant physician, other than to coordinate the conference, if the attendance lasts at least 10 minutes Applicable once each 5 years	39.50
38461	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic degenerative (primary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% or more; (iii) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV); and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and	1,490.25

Transcatheter mitral valve services

	(ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and	
	(iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and	
	(d) a service to which this item, or item 38463, applies has not been provided to the patient in the previous 5 years	
	(H) (Anaes.) (Assist.)	
38463	TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if:	1,490.25
	(a) the patient has each of the following risk factors:	
	(i) moderate to severe, or severe, symptomatic functional (secondary) mitral valve regurgitation (grade 3+ or 4+);	
	(ii) left ventricular ejection fraction of 20% to 50%;	
	(iii) left ventricular end systolic diameter of not more than 70mm;	
	(iv) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV) that persist despite maximally tolerated guideline directed medical therapy; and	
	(b) as a result of a TMVr suitability case conference, the patient has been:	
	(i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and	
	(ii) recommended as being suitable for the service; and	
	(c) the service is performed:	
	(i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and	
	(ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and	
	(iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and	
	(d) a service to which this item, or item 38461, applies has not been provided to the patient in the previous 5 years	
	(H) (Anaes.) (Assist.)	

6 TMVr suitability case conferences

- (1) This section sets out the requirements that a case conference must meet to be a ***TMVr suitability case conference***.
 - (2) The requirements are as follows:
 - (a) the conference must be for the purpose of determining if a patient is suitable for a service described in item 38461 or 38463;
 - (b) the conference must last at least 10 minutes;
 - (c) the conference must be conducted by a team of at least 3 participants, including:
-

- (i) a cardiothoracic surgeon; and
 - (ii) an interventional cardiologist; and
 - (iii) a specialist or consultant physician, neither of whom will provide a service to the patient to which item 38461 or 38463 applies;
- (d) at least one participant of the conference must be accredited by the TMVr accreditation committee to perform a service described in item 38461 or 38463;
- (e) the coordinator of the conference must ensure that the patient:
- (i) is aware of the purpose and nature of the conference; and
 - (ii) has consented to the conference being held; and
 - (iii) is made aware of the recommendations made as a result of the conference;
- (f) during the conference:
- (i) each member of the team must provide expertise in assessing the patient and informing the recommendations to be made; and
 - (ii) the patient's risk and technical suitability for a service described in item 38461 or 38463 must be assessed, including by taking into account the risk and technical suitability of the patient to receive a surgical mitral valve replacement and the patient's cognitive function and frailty; and
 - (iii) the team must make a recommendation as to whether the patient is suitable for a service described in item 38461 or 38463;
- (g) the coordinator must create a record of the conference, including:
- (i) the day the conference is held; and
 - (ii) the time the conference starts and ends; and
 - (iii) the names of each of the participants of the conference; and
 - (iv) the details of the conference, including the particulars of the assessment of the patient during the conference and the recommendations made as a result of the conference.

7 Indexation

- (1) At the start of 1 November 2023 (the *indexation day*), each amount covered by subsection (2) is replaced by the amount worked out using the following formula:

$$1.005 \times \text{the amount immediately before the indexation day}$$

Note: The indexed fees could in 2023 be viewed on the Department of Health and Aged Care's MBS Online website (<http://www.health.gov.au>).

- (2) The amounts covered by this subsection are the fee for each item in a Schedule of this Determination.
- (3) An amount worked out under subsection (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services—Transcatheter Mitral Valve Repair) Determination 2021	21 June 2021 (F2021L00800)	1 July 2021 (s 2(1) item 1)	
Health Insurance Legislation Amendment (Indexation) Determination 2022	7 Apr 2022 (F2022L00553)	Sch 1 (item 12): 1 July 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2023	24 Mar 2023 (F2023L00348)	Sch 1 (item 7): 1 July 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation No. 2) Determination 2023	4 Sept 2023 (F2023L01183)	Sch 1 (item 7): 1 Nov 2023 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 7	ad F2022L00553
	ed C2
	am F2023L00348; F2023L01183
